

08-31-01

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08/30/01
J1042 U.S. PTO

PATENT

Docket No. 5017-8377

J1033 U.S. PTO
09/943647
08/30/01

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this August 30, 2001 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL769649925US addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231

Kenneth Solomon
(Type name of person mailing paper)

KASL
(Signature of person mailing paper)

NOTE: Each paper or fee referred to as enclosed herein has the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 CFR 1.10(b).

Box Patent Application
Assistant Commissioner of Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Maisey, Graham Antony; Aitken, James; Woodhead, Andrew James; May, Stuart Richard; Pearson, Michael; Black, Murdo M.; Smith, James George Elcoate

For : TEST DEVICE

Enclosed are:

1. Benefit of Prior U.S. Application (35 USC 119(e))

X The new application being transmitted claims the benefit of a prior U.S. provisional application, Serial No. 60/232,166, filed September 11, 2000.

2. The Papers Required For Filing Under 37 CFR 1.53:

21 Pages of Specification
1 Pages of Abstract
7 Pages of Claims
31 Sheets of Drawing

X formal informal

In addition to the above papers there is also attached:

 Pages of an Amendment
X Return Receipt Postcard
 Information Disclosure Statement with copies of references.

09943647-083001

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
Male	55.2 (10.5)
Female	56.8 (11.2)
Marital status	
Married	78.5%
Single	12.3%
Divorced	8.2%
Widowed	1.0%
Education level	
High school or less	65.4%
College	34.6%
Income (USD/month)	
< 1000	45.2%
1000-2000	35.8%
> 2000	19.0%
Occupation	
Professional	25.1%
Managerial	18.7%
Technical	15.3%
Service	22.5%
Unemployed	18.4%
Health status	
Good	72.3%
Fair	15.6%
Poor	12.1%
Chronic diseases	
Hypertension	48.9%
Diabetes	22.5%
Heart disease	18.7%
Stroke	10.3%
Arthritis	35.2%
Chronic kidney disease	5.8%
Chronic lung disease	3.4%
Chronic liver disease	1.2%
Chronic mental illness	2.1%
Chronic pain	15.5%
Chronic fatigue	8.9%
Chronic insomnia	12.7%
Chronic depression	10.5%
Chronic anxiety	9.8%
Chronic stress	14.3%
Chronic anger	7.6%
Chronic sadness	11.2%
Chronic loneliness	6.5%
Chronic isolation	4.8%
Chronic social withdrawal	3.9%
Chronic lack of interest	5.1%
Chronic loss of appetite	4.3%
Chronic weight loss	3.7%
Chronic fatigue	2.9%
Chronic weakness	2.5%
Chronic dizziness	2.1%
Chronic headache	1.8%
Chronic back pain	1.5%
Chronic joint pain	1.2%
Chronic muscle pain	1.0%
Chronic numbness	0.8%
Chronic tingling	0.7%
Chronic sweating	0.6%
Chronic dry skin	0.5%
Chronic hair loss	0.4%
Chronic nail changes	0.3%
Chronic mouth sores	0.2%
Chronic throat pain	0.1%
Chronic cough	0.1%
Chronic asthma	0.1%
Chronic allergies	0.1%
Chronic infections	0.1%
Chronic cancer	0.1%
Chronic HIV/AIDS	0.1%
Chronic hepatitis	0.1%
Chronic tuberculosis	0.1%
Chronic syphilis	0.1%
Chronic gonorrhea	0.1%
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Chronic chlamydia	0.1%
Chronic herpes	0.1%
Chronic HPV	

_____ Enclosed _____ pages
 _____ Newly executed (original or copy)
 _____ Copy from a prior application (continuation/divisional with page 5 of 5 completed)
 _____ Deletion of Inventor(s) (signed statement attached deleting inventor(s) of prior application)
 X Not enclosed

4. Inventorship Statement

The inventorship for all the claims in this application are:

the same

OR

_____ are not the same and an explanation, including the ownership of the various claims at the time the last claimed invention was made, is submitted.

5. Language

<u>X</u>	English	Non-English
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A verified English translation of the

[check applicable item(s)]

_____ specification and claims

declaration

is attached.

6. Assignment

X An assignment of the invention to Hypoguard Limited

_____ is filed under separate cover sheet

_____ was filed in the prior application

X will follow

7. Certified Copy

UK	0021219.1	August 30, 2000
(Country)	(Application No.)	(Filed)

from which priority is claimed

X is attached

will follow

8. Fee Calculation

CLAIMS AS FILED

	Number Filed	Provided with Basic Fee	Number Extra	Rate	Basic Fee \$710
Total Claims	27	20	7	X \$18.00	\$ 126.00
Independent Claims	4	3	1	X \$80.00	\$ 80.00
Multiple Dependent Claim(s), if any	0	0	0	X \$270.00	\$.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$ 916.00

9. Small Entity Statement

☒ verified statement that this is a filing by a small entity under 37 CFR 1.9 and 1.27 will follow.

Filing Fee Calculation (50% of above)

\$458.00

10. Fee Payment Being Made At This Time

☐ Enclosed

☐ basic filing fee

\$ _____

Total fees enclosed

\$ _____

11. Method of Payment of Fees

☐ check in the amount of \$ _____

12. Authorization to Charge Additional Fees

___ The Commissioner is hereby authorized to charge the following additional fees which may be required to Account No. 18-1829;

___ 37 CFR 1.16 (filing fees and presentation of extra claims)

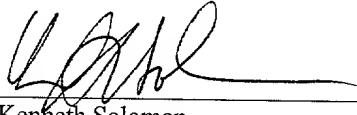
___ 37 CFR 1.17 (application processing fees)

1.311(b). ___ 37 CFR 1.18 (issue fee at or before Mailing of Notice of Allowance, pursuant to 37 CFR

13. Instructions As To Overpayment

___ credit Account No. 18-1829

14. Correspondence Address



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